

# TRANSMITTAL of REPORTS, FORMS, and CORRESPONDENCE

To: CAP, Washington Wing Administrator PO BOX 4459, JBL-M WA 98438-0459 PHONE: 253-982-7774      FAX: 253-982-		Date _____ _____ _____																																																																																																									
From _____ Unit _____		Submitted _____ Date _____																																																																																																									
<p>List of Enclosures (Check those that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Route To</u></th> <th style="text-align: left; width: 15%;"><u>Form</u></th> <th style="text-align: left; width: 45%;"><u>Title</u></th> <th style="text-align: left; width: 30%;"><u>For the Attention of</u> (optional)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>PA</td><td>WAWG Form 20 Public Affairs/Historian</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>FM</td><td>WAWG Form 30 Credit Card Usage Log</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>FM</td><td>WAWG Form 31 Check Request</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>FM</td><td>WAWG Form 32 Deposit Advice</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>FM</td><td>WAWG Form 34 Chaplain Report</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>ES</td><td>WAWG Form 50 ES Resources Report</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>DAE</td><td>WAWG Form 60 Aerospace Education Report</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>LGM</td><td>WAWG Form 90 Aircraft Flight Status</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>DDR</td><td>WAWG Form 98 Drug Demand Reduction</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>DP</td><td>CAPF 120 Award</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>DP</td><td>CAPF 2 Promotion</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>ET</td><td>CAPF 2a Personnel</td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td>_____</td><td>MEMORANDUM FOR</td><td>_____</td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Route To</u></th> <th style="text-align: left; width: 15%;"><u>Form</u></th> <th style="text-align: left; width: 45%;"><u>Title or Requested</u></th> <th style="text-align: left; width: 30%;"><u>Individual Concerned</u> (optional)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				<u>Route To</u>	<u>Form</u>	<u>Title</u>	<u>For the Attention of</u> (optional)	<input type="checkbox"/>	PA	WAWG Form 20 Public Affairs/Historian	_____	<input type="checkbox"/>	FM	WAWG Form 30 Credit Card Usage Log	_____	<input type="checkbox"/>	FM	WAWG Form 31 Check Request	_____	<input type="checkbox"/>	FM	WAWG Form 32 Deposit Advice	_____	<input type="checkbox"/>	FM	WAWG Form 34 Chaplain Report	_____	<input type="checkbox"/>	ES	WAWG Form 50 ES Resources Report	_____	<input type="checkbox"/>	DAE	WAWG Form 60 Aerospace Education Report	_____	<input type="checkbox"/>	LGM	WAWG Form 90 Aircraft Flight Status	_____	<input type="checkbox"/>	DDR	WAWG Form 98 Drug Demand Reduction	_____	<input type="checkbox"/>	DP	CAPF 120 Award	_____	<input type="checkbox"/>	DP	CAPF 2 Promotion	_____	<input type="checkbox"/>	ET	CAPF 2a Personnel	_____	<input type="checkbox"/>	_____	MEMORANDUM FOR	_____	<u>Route To</u>	<u>Form</u>	<u>Title or Requested</u>	<u>Individual Concerned</u> (optional)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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